

colon having been closed, and the peritoneal cavity sponged out, a large cigarette drain was inserted, leading to just below the lower angle of the wound in the gut, and the abdomen closed en bloc. The patient rallied from the anesthetic, but died the following night, twenty-four hours after the operation.

Case 4, J. A. L.—Entered Lane Hospital 3 a. m., January 7, 1911, having been sent from the Emergency Hospital with the diagnosis of penetrating gunshot wound of the abdomen, entering over the eighth rib, nipple line, left side. He was seen by Dr. Walsh, the resident physician, who telephoned me his condition. The wound had been received at 12:30 a. m., and the patient had been supposed to have walked a block and a half before he was found by the police. On entering the hospital his pulse was 94, temperature 99.4, and respiration 30. As the morning advanced, the pulse and respiration gradually increased in frequency. The abdomen in the upper half became very rigid, and at 8 a. m., his pulse having increased to 102 and respiration to 48, it was decided to open the abdomen. The incision, six inches long, was made in the median line above the umbilicus, and great clots and large quantities of black fluid blood presented themselves. After clearing these all away, perforations of the stomach were searched for, and only a small furrow in the anterior inferior surface found, which was sutured. Attention was turned to the liver, which had been held up out of the way, and large abdominal sponges placed against its wounds which were bleeding quite profusely.

On examining the left lobe, the under side of which presented a large ragged wound, several fairly large vessels could be seen pouring out blood quite briskly. This wound was sutured with a double No. 1 plain catgut on a long, full curved, narrow, round needle. Two such mattress sutures sufficed to control the hemorrhage. The right lobe of the liver had been perforated, the ball entering just above the gall bladder, and making its exit on the convex surface, opposite the seventh rib in the axillary line. This wound did not bleed, so the abdomen was closed after making the toilet of the peritoneum, and the missile was removed from just beneath the skin on the right side of the chest, between the seventh and eighth ribs in the anterior axillary line. This case left the hospital on the 18th day, after having been up and around four days.

In the three successful cases here reported in which the amount of blood in the abdomen was considerable, and the absence of stomach or intestinal contents notable, two conditions interested me greatly. I had noted these conditions previously in other cases of abdominal hemorrhage, not due to penetrating or perforating wounds—i. e.—rupture of the liver after a crushing injury, and in ruptured ectopic gestation. These two conditions—distention of the abdomen, rigidity of its walls over the site of hemorrhage, and great pain, and the immediate subsidence of all the above symptoms following the removal of the accumulated blood.

A Gauze Sponge Left in the Skull for Over Six and One-half Years.

By HARRY M. SHERMAN, M. D., San Francisco.

On the 29th of October, 1902, I did at St. Luke's Hospital, the Gasserian ganglion operation on a man, aged 65, for a trigeminal neuralgia, from which he had suffered for ten years and which had resisted several operations on the peripheral nerves. The operation was a bloody one, and we had constantly to pack the field with gauze sponges, these being pressed well up under the lifted up brain and dura. At one time the whole of the wound opening had to be firmly packed with gauze sponges and the operative work suspended for fifteen minutes to control the bleeding and permit a satisfactory view of the floor of the skull. The ganglion was located, lifted in vulsellum forceps and clipped out with scissors, and

even this had to be done under the surface of a reforming pool of blood. Another temporary packing was resorted to, to finally control the hemorrhage, and then the wound was closed by sutures, a cigarette drain being put into one corner.

The following day the patient had no untoward symptoms beyond a very slight stumbling in pronouncing a few words (the operation was on the left side of the head). The drain was taken out on this day. The second day after the operation found the patient quite free from pain, and the speech normal. Healing and recovery were normal and the cure of the neuralgia was permanent.

In the early summer of 1909, six and one-half years after the operation, a swelling appeared just above and in front of the ear, at the posterior end of the incision. This was opened in the country, discharged some pus and left a sinus which would not heal. He then returned to me in August, 1909, and at the Lane Hospital I slit up the sinus to discover the cause of the non-healing. In the superficial part of the sinus I discovered a short cotton thread which was not a fresh intruder, and a little deeper I found the corner of a gauze sponge, and pulled it slowly out. Nothing beyond this was found, and a careful search failed to show any bare bone or a sequestrum.

The wound was at first packed with camphor-phenol gauze, it contracted to a sinus, and this closed after a few bismuth paste injections.

The gauze had been inside the skull six years, nine months and twelve days. I submitted it to Dr. A. W. Lee for an examination and he reported that no change had come to the cotton filaments in that time.

I submit this statement as it probably represents the longest time of residence of a left-in sponge after an operation. The long immunity from infection after the operation speaks well for the aseptic technic in the St. Luke's Hospital operating rooms at the time of the operation.

Harvey Cushing uses sterile cotton pledgets to check hemorrhage from the brain in his intracranial operations. These are patted on dry over the bleeding points, and when the bleeding stops are removed. Cushing acknowledges that he must leave filaments stuck to the tissues, and says they are harmless. Still they must be, even though small, foreign bodies, and a late hematogenous infection may sometimes occur, as probably happened in my case. Many micrococci might find a happy nesting place under one filament.

Discussion.—Julius Rosenstirn: I do not think there is very much to be criticized about this paper, but I would like to congratulate Dr. Sherman on the excellent and fair way in which he presents this case. I dare say hardly the majority of surgeons would relate this case in so frank and so clear a manner as that which Dr. Sherman has stated it. I am glad that it has been brought before the Society. It certainly is a matter of great interest to know that within the cavity of the skull, a non-expansive, non-elastic cavity, a sponge of that size can remain without any untoward brain-symptoms for so long a time. It is a most interesting case and we have to agree with Dr. Sherman that his asepsis was very good, not having set up more of an inflammation.

Harry M. Sherman: I wish to express my thorough appreciation of Dr. Rosenstirn's very kind remarks. I reported this case for the very purpose of putting it on record. It is simply one of a very large class. I think that things are not uncommonly left in, and here is an instance where a left-in sponge chanced to be free from infection and did no particular harm for a long while. I do not think that there is any one of us who has not had a patient who had had a bad laparotomy, and a tardy healing, who did not wonder if, by some simple mischance, a sponge had not been left in. The interference of the speech center, the morning following the operation, was of course due to the pressure of the sponge, and it passed because the opening in the bony skull acted

as a decompression opening. This very ingenious explanation was suggested to me by Dr. Sol. Hyman and it is most likely to be accurate. I thought at the time of the operation that the difficulty with the speech was due to the injury done the brain by lifting it to expose the ganglion.

SOCIETY REPORTS ALAMEDA COUNTY.

The regular meeting of the Alameda County Medical Association was held Tuesday evening at sharp 8:15 o'clock, January 17th, 1911, at 127 Telegraph Ave.

It was a Public Health Meeting with the following program in charge of Dr. J. N. Force:

1. Future Possibilities of Sewage Disposal for the East Bay Cities. 20 minutes. C. E. Grunsky, former Consulting Engineer, United States Reclamation Service.

2. Opportunities of the State Hygienic Laboratory. 15 minutes. W. A. Sawyer, M. D., Director of the State Hygienic Laboratory.

3. Animal Diseases Affecting the Public Health in Alameda County. 15 minutes. C. M. Haring, D. V. S., Assistant Professor of Veterinary Science, University of California.

4. Needed Public Health Legislation. 20 minutes. W. F. Snow, M. D., Secretary of the State Board of Health.

5. The Question of Garbage Disposal in Alameda County. 20 minutes. C. G. Hyde, C. E., Professor of Sanitary Engineering, University of California.

This program was a most instructive one and held the attention of every one present, even though the hour became late.

PAULINE S. NUSBAUMER, Secretary.

BUTTE COUNTY.

The public meeting in February of the Butte County Medical Society drew a fair-sized attendance that listened with close attention to the interesting paper read by Dr. O. Stansbury and the splendid illustrated lecture delivered by Dr. Snow, secretary of the State Board of Health. Both discussions took the form of a plea for a concentrated effort to effect a better system of sanitation throughout the state, and both showed the benefits that accrue from a united attack upon the enemies of health.

Dr. Stansbury, who recently returned from a tour of Panama and the fever zone, explained the wonderful work in sanitation and the results in saving life as prosecuted by the United States government. According to figures, during the period between 1881 and 1888, when the French government was attempting to build the canal, the death rate was many times greater than at present. This because of the precaution taken by the United States in cleaning the district and preventing as far as possible the hatching of the mosquito, which is known to be a conductor of yellow fever and typhoid as well as other diseases. According to an estimate made by an official high in government affairs, 2873 lives have been saved through sanitary efforts during the last year. Dr. Stansbury described in brief his trip through Panama and Colon and told of the methods of procedure by the government in the battle against unsanitary conditions.

According to Dr. Snow, the death rate at present along the canal is less than the rate in California cities. In Panama the death rate is eighteen to every 1000 on the average, while in Los Angeles the rate is twenty-two to every 1000. He made a plea for a united battle array against the house-fly and the mosquito. He urged that more attention be paid to drainage and the source of drinking water used about the homes. His address was splendidly illustrated and proved very interesting.

"Keep clean; keep your back yards clean and ob-

serve sanitation requirements, and in this way escape sickness," he said.

Dr. Snow gave a brief resume of the work being done by the State Board of Health, and stated that more money was needed to carry on the work. He explained the several bills before the present legislature, and displayed a chart which showed that California was paying less attention to health than twenty-two of the other states. "One reason for this," he said, "is because this state is so admirably situated that it does not need so much attention or money to preserve the people's health."

During the last year but one death has resulted from the plague in California, and the only danger of the plague getting a foothold in the larger cities is from rats and squirrels, declared the speaker. No plague squirrels have ever been known in northern California.

In the opinion of Dr. Snow, California should exert more attention to the sanitation and health of the state during the next five years than ever before. He contends that should any plague or epidemic break out in this state, before the fair, it would ruin the prospects of the exposition.

The necessity of continuing the battle against the house-fly and the mosquito was dwelt upon by the speaker. Dr. D. H. Moulton presided and introduced the speakers.

CONTRA COSTA COUNTY.

A very interesting meeting of the Contra Costa Medical Society was held Sunday in Richmond, with the members as the guests of the president, Dr. C. R. Blake, the health commissioner of Richmond.

There were some fifteen doctors present from various parts of the county and with some guests from Alameda and the other bay cities. The visitors were welcomed here at the depots and escorted to the Portola cafe, where they enjoyed a lunch at 1 o'clock.

They afterwards adjourned to Bank hall for the regular business of the meeting. The prominent features were the interesting paper read by Dr. W. O. Smith of Alameda on "Acute Articular Rheumatism in Children" with opening discussion by Dr. C. L. Abbott, which was followed by general discussion by all present; also the presentation by Dr. U. S. Abbott of this city of a case which had been treated with Prof. Erlich's new remedy, "Salvarsan," which demonstrated the perfect cure from its use.

The meeting was thoroughly enjoyed and was one of the best in the history of the organization.

The next meeting will be held in Martinez at which time the new county hospital will be thrown open for the inspection of the members of the society.

SANTA CLARA COUNTY.

At the December meeting of the Santa Clara County Medical Society the following were elected officers for 1911:

President, Dr. Jonas Clark; 1st vice-president, Dr. W. S. Van Dalsem; 2nd vice-president, Dr. J. H. Kirk, Palo Alto; 3rd vice-president, Dr. R. L. Hogg, Saratoga; secretary, Dr. W. T. McNary; treasurer, Dr. H. J. B. Wright; councillors, Dr. J. J. Kocher, Dr. N. H. Bullock, Dr. C. M. Richards; delegates to State Society, Dr. L. Cothran, Dr. H. C. Brown; alternates, Dr. M. D. Baker, Dr. L. V. Saph, Dr. E. F. Holbrook, Dr. J. L. Benepe.

There was a large attendance at the January meeting held in the parlors of the St. James Hotel. The new president, Dr. Jonas Clark, presided, and in his address to the society, outlined briefly the policies for the year. He strongly recommended a crusade against contract practice, and the establishment of a physicians' social club to further a greater unity and a better feeling amongst the members of the profession in the county. He deplored the prevalence of a spirit of ill-feeling and animosity, so poorly concealed, amongst various members of the